

Date:

**Project Name: Project Number:** 

Explain Scope of Project:
What is the Benefit:
Identify Entities Involved:
Impact on Statewide Network:
F
List Assumptions/Risks/Obstacles:
List/Estimate Resources (People, Tools, Equipment):
List Estimate Resources (1 copie, 100is, Equipment).
Is There a Required Date of Completion:
is there a required bate of Compiction.
Expected Length to Complete:
Oneration Degrangibilities
Operation Responsibilities: